

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



September 18, 1992

ALL COUNTY INFORMATION NOTICE

I-47-92

TO: ALL COUNTY WELFARE DIRECTORS

## Reason for this Transmittal

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | State Law Change                                |
| <input checked="" type="checkbox"/> | Federal Law Change                              |
| <input type="checkbox"/>            | Court Order or Settlement Agreement             |
| <input type="checkbox"/>            | Clarification Requested by One or More Counties |
| <input checked="" type="checkbox"/> | Initiated by SDSS                               |

SUBJECT: FOOD STAMP FORMS--

REVISED DFA 285 A2 (6/92) "APPLICATION FOR FOOD STAMPS-PART 2" AND DFA 285 A3 (6/92) "IMPORTANT FACTS FOR FOOD STAMP APPLICANTS"

This letter transmits a copy of the revised form, the DFA 285 A2, "Application for Food Stamps-Part 2" and a new form, the DFA 285 A3, "Important Facts for Food Stamp Applicants." The revisions to the DFA 285 A2 reflect changes to add citizenship/immigration status elements related to the Systematic Alien Verification for Entitlements (SAVE) provisions of the Immigration Reform and Control Act (IRCA). In addition, the previous DFA 285 A2 was reformatted to separate the informing part of the form (the new coversheet DFA 285 A3) from the application part. The purpose of separating the forms is to avoid the cost of reproducing the informing document when revisions occur to the application part. One copy of the coversheet should be given to the applicant and the second copy should be put in the case file.

STOCK

The DSS Warehouse will no longer stock the (2/87) version of the DFA 285 A2. Counties should begin using the (6/92) revision by November 1, 1992.

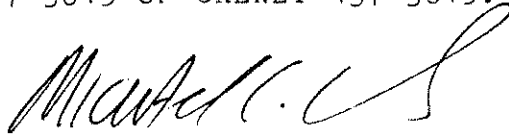
## NOTE:

- o The DFA 285 A2 and the DFA 285 A3 are required forms. Additional copies of these forms may be requested by contacting the SDSS Forms Management Unit at (916) 657-1907 or CALNET 437-1907.

# TRANSLATIONS

Reproducible copies of this form in Spanish, Laotian, Cambodian, Vietnamese, and Chinese will be transmitted under separate cover.

If you have any questions regarding the DFA 285 A2 or the DFA 285 A3, please contact Suzanne McNamee of the Food Stamp Program Bureau at (916) 657-3815 or CALNET 437-3815.



MICHAEL C. GENEST  
Deputy Director  
Welfare Programs Division

Attachments

cc: CWDA

## IMPORTANT FACTS FOR FOOD STAMP APPLICANTS

These pages give you important information, including your rights and responsibilities. If you need more information or have questions, ask your worker. The County needs facts about you and your household to see if you are eligible for Food Stamps benefits and to figure how much you will get if you are eligible.

### YOUR RIGHTS

- To be treated fairly without regard to race, color, national origin, religion, political affiliation, marital status, sex, handicap, or age. You may file a complaint if you feel you have been discriminated against by speaking with your County's civil rights representative or by writing to the:

State Department of Social Services  
Civil Rights Bureau  
744 P Street, MS 15-70  
Sacramento, CA 95814

You may also file by calling collect (916) 654-2107 or for the hearing impaired toll-free 1-800-952-8349.

- To be treated with courtesy, consideration and respect.
- To be interviewed promptly by the County when you apply and to have your eligibility determined within 30 days.
- To discuss your case with the County and to review your case yourself when you request to do so.
- To be told the rules for getting Food Stamps right away. If we think you might be eligible, you will get an interview within three days.
- To ask for help to complete your application or any other Food Stamp form.
- To ask for forms and notices to be translated if you don't read English.
- To ask to have your Food Stamp I.D. authorization document or issuance card, or Food Stamps replaced if lost in the mail, damaged, stolen or destroyed. The County will tell you if you are eligible.
- To be given a written notice when your application is approved, denied, or when your benefits change or stop.
- To have your records kept confidential by the County and State.
- To file a complaint or to ask for a State hearing within 90 days of any action if you think the action is wrong. You can write to your County Welfare Department or call toll free 1-800-952-5253 or for the deaf (TDD) 1-800-952-8349

- To be represented at a State hearing by yourself or by a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.

### YOUR RESPONSIBILITIES

#### Systematic Alien Verification for Entitlements (SAVE)

- To sign under penalty of perjury that each member applying for Food Stamps is a U.S. citizen, U.S. national or lawful alien resident. Information you give us on immigration status will be checked with the U.S. Immigration and Naturalization Service (INS). Information we get from INS may affect your eligibility for Food Stamps.

#### Social Security Number

- To give us the Social Security Number (SSN) for each applicant for Food Stamps. Anyone who refuses to give either a SSN or proof of application for a SSN will be disqualified from getting benefits. (Providing a SSN is required for all applicants by Section 1137 of the Social Security Act: 7 U.S. Code Section 2025e).
- The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility for Food Stamps may result in discontinuance and/or repayment of benefits and/or criminal or civil action.

#### Verification(s)

- To give proof or more facts when we ask. If you can't get proof, to give the name of some other person or agency we may contact to get it. When you can't get the proof you need, we will help you get it.

#### Cooperation

- To cooperate with County, State and Federal staff. You may not get benefits or your benefits may be stopped if you don't cooperate.

## YOUR REPORTING RESPONSIBILITIES

You must report all changes to the County. If you're not sure how to report changes, what changes to report, or what proof we need, ask your worker. Your worker will tell you if you are a monthly or nonmonthly reporting household.

### HOW YOU MUST REPORT

#### Monthly Reporting

You must turn in a complete Monthly Eligibility Report by the 5th of the month.

#### Nonmonthly Reporting

You must report all changes within 10 days:

- by mail, telephone or in person at the County Food Stamp office OR
- on a DFA 377.5, Food Stamp Household Change Report OR
- on a Monthly Eligibility Report if you get AFDC.

#### Monthly Reporting Requirements

##### YOU MUST REPORT IF:

- Anyone gets money from work, relatives, Social Security, Veterans benefits, tax refunds, or any other source.
- Anyone has an increase or decrease in rent or utility costs.
- Anyone gets free rent or utilities.
- Anyone's job or training program changes.
- Anyone's income or source of income changes, starts or stops.
- Anyone age 18 or older starts or stops school, college or training.
- You move in with someone else or anyone moves into or out of your home, including newborns, other children, spouses, absent parents, other relatives and non-relatives.
- Anyone moves to another address, plans to move, or gets a new mailing address. If you move to another County and you want to keep getting benefits, you must tell the County giving you aid and/or benefits AND ask for Food Stamps again.
- Anyone gets payments or allowances for job, training or school expenses, such as educational grants and loans, transportation to and from job or training, etc.
- Anyone is self-employed.
- Anyone has job, training or school costs, such as dependent care, transportation, tuition, books, etc.
- Anyone has expenses that are paid for in total or in part by someone else, such as housing, utilities, medical, dependent care, etc.

- Anyone gets, sells, gives away or transfers real property, such as a house, buildings or land; or personal property, such as money, a bank account, a motor vehicle, a boat, a trust fund, etc.
- Anyone's citizenship/immigration status or documentation changes.
- Anyone reaches 60 years of age.
- For a household that has a member that is disabled or age 60 or older, you may choose to report all allowable medical costs each month OR only changes of \$25 or more in allowable medical expenses.

#### Nonmonthly Reporting Requirements:

##### YOU MUST REPORT IF:

- Your total monthly income starts, stops, or changes by more than \$25.
- Anyone's source of income changes.
- Anyone moves in with you.
- Anyone moves into or out of your home.
- Anyone joins or leaves your household.
- You move, your new address and rent & utility costs.
- Anyone buys, gets, sells or gives away a licensed motor vehicle.
- The total of your household's stocks, bonds, or other money is more than \$2000 (or \$3000 if you have a household member who is age 60 or older).
- Your monthly medical expenses change by \$25 for a household that has a member who is age 60 or older.

##### YOU MAY REPORT IF:

- A household member is aged 60 or older.
- Anyone in the household starts or stops a physical or mental illness.
- You have changes in your dependent care costs.
- Anyone's citizenship/immigration status or documentation changes.

#### Budgeting Rules — Monthly Reporting

The amount of Food Stamps you can get depends on your income and allowable expenses. What you report on the Monthly Eligibility Report will be used to figure the amount of Food Stamps you can get two months later. For example, your income and allowable expenses from January are used to figure the Food Stamp benefits you would get in March. This method is called retrospective budgeting.

## WORK AND TRAINING RULES

You may need to take part in work or training activities. Your worker will look at your facts to see if the rules apply to you. Your worker will tell you what you need to do before and after your application is approved.

If you don't follow the work and training rules, and don't have a good reason, we may deny your application, change the amount of benefits you get, or disqualify a member or your household from getting Food Stamps for two months.

If someone joins your Food Stamp household who has been disqualified because they didn't follow the work rules, your Food Stamp household may be disqualified for up to two months.

## VOLUNTARY QUIT

If you quit your job without a good reason, your household may be disqualified for three months. If someone else quits a job without a good reason or joins your household, your household may be disqualified for up to three months.

## STANDARD UTILITY ALLOWANCE (SUA)

If you are billed for heating and/or cooling costs that are not included in your rent or mortgage payment, you may be eligible for the State Standard Utility Allowance (SUA). The SUA is one deduction for all of your eligible utility costs. If your utility bills are more than the SUA, you may switch between actual and the SUA at recertification and one other time during each 12 month period. If you have other utility costs but your heating or cooling costs are included in your rent, your benefits will be figured on your actual utility costs. Ask the County to check your facts to see if you are eligible for the SUA.

## PENALTY WARNING

If you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted with penalties of a fine and/or imprisonment. You may be found to have committed a felony if more than \$400 is wrongly paid out in Food Stamp benefits because you didn't report all of your facts or changes in income, property or family status.

If your household receives Food Stamps, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting Food Stamps.
- Don't trade or sell Food Stamps Authorization Documents (ADs) or issuance cards.
- Don't alter ADs or issuance cards to get Food Stamps you are not entitled to get.
- Don't use Food Stamps to buy ineligible items such as alcoholic drinks or tobacco, paper or cleaning products.
- Don't use someone else's Food Stamps, ADs or issuance cards for your household.

## DISQUALIFICATION PENALTIES

Failing to follow these rules may result in a finding of a Food Stamp Intentional Program Violation (IPV). The penalties can result in fines up to \$10,000, imprisonment up to 5 years, and/or disqualification from the Food Stamp Program.

**Disqualification means not being able to get Food Stamps for a period of time. The disqualification penalties are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation. These penalties start after a State hearing or court of law finds that an individual committed an IPV. Also, anyone who is accused of committing an IPV may agree to be disqualified by signing either a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver. Anyone who signs one of these documents accepts responsibility to repay any overissuance.**

## CERTIFICATION

I certify that I have received a copy of the "Important Facts for Food Stamp Applicants" (DFA 285-A3). I understand my rights and responsibilities. I agree to comply with my responsibilities. I also understand the penalties for giving wrong or incomplete facts, failing to report facts or situations which may affect my eligibility or Food Stamp benefits.

SIGNATURE (ADULT HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE):

DATE:

WITNESS, IF YOU SIGNED WITH AN "X"

DATE:

I certify that I have informed the applicant/recipient of the above responsibilities and of the possibilities of criminal penalties for intentionally making false statements or failing to report information which affects Food Stamp eligibility.

SIGNATURE OF INTERVIEWING WORKER

DATE APPLICATION REVIEWED WITH CLIENT OR AUTHORIZED REPRESENTATIVE:

**APPLICATION FOR FOOD STAMPS - PART 2**

**INSTRUCTIONS:** Please complete this form in ink and bring or mail it to the Food Stamp Office. The application must be signed by an adult household member or by the Authorized Representative. If it is completed by an adult who is not a member of your household, attach a written authorization signed by the head of household or another household member.

**If you need more space, attach another sheet of paper.**

NAME (HEAD OF HOUSEHOLD)

|              |        |          |                                |       |                      |
|--------------|--------|----------|--------------------------------|-------|----------------------|
| HOME ADDRESS | NUMBER | STREET   | MAILING ADDRESS (IF DIFFERENT) |       | HOME PHONE<br>( )    |
| CITY         | STATE  | ZIP CODE | CITY                           | STATE | ZIP CODE             |
|              |        |          |                                |       | DAYTIME PHONE<br>( ) |

Provide the following information on each person living in the home, including yourself. You must list all people in the home whether or not they want food stamps.

| A NAME (FIRST MIDDLE LAST)   |  |  | CITIZEN/ALIEN STATUS CHECK (✓)  |  |
|--|--|--|---|--|
| SOCIAL SECURITY NUMBER   |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> U.S. citizen/national <input type="checkbox"/> Undocumented alien<br><input type="checkbox"/> Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other |  |
| BIRTHPLACE (CITY/STATE/COUNTRY)  |  | BIRTHDATE  | RELATIONSHIP TO HEAD OF HOUSEHOLD   |  |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
|  |  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| B NAME (FIRST MIDDLE LAST)   |  |  | CITIZEN/ALIEN STATUS CHECK (✓)  |  |
| SOCIAL SECURITY NUMBER   |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> U.S. citizen/national <input type="checkbox"/> Undocumented alien<br><input type="checkbox"/> Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other |  |
| BIRTHPLACE (CITY/STATE/COUNTRY)  |  | BIRTHDATE  | RELATIONSHIP TO HEAD OF HOUSEHOLD   |  |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
|  |  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| C NAME (FIRST MIDDLE LAST)   |  |  | CITIZEN/ALIEN STATUS CHECK (✓)  |  |
| SOCIAL SECURITY NUMBER   |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> U.S. citizen/national <input type="checkbox"/> Undocumented alien<br><input type="checkbox"/> Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other |  |
| BIRTHPLACE (CITY/STATE/COUNTRY)  |  | BIRTHDATE  | RELATIONSHIP TO HEAD OF HOUSEHOLD   |  |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
|  |  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
| D NAME (FIRST MIDDLE LAST)   |  |  | CITIZEN/ALIEN STATUS CHECK (✓)  |  |
| SOCIAL SECURITY NUMBER   |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F | <input type="checkbox"/> U.S. citizen/national <input type="checkbox"/> Undocumented alien<br><input type="checkbox"/> Lawful alien: <input type="checkbox"/> Sponsored <input type="checkbox"/> Refugee <input type="checkbox"/> Other |  |
| BIRTHPLACE (CITY/STATE/COUNTRY)  |  | BIRTHDATE  | RELATIONSHIP TO HEAD OF HOUSEHOLD   |  |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |
|  |  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |

| COUNTY USE ONLY  |  |
|--|--|
| CASE NAME  |  |
| CASE NUMBER  |  |
| WORKER   | DATE RCD   |
| <input type="checkbox"/> New <input type="checkbox"/> Recert |  |
| <input type="checkbox"/> Residency verified                  |  |
| <input type="checkbox"/> FS ID verified                      |  |
| FS Work Code or Date Registered                              | FS Non-HH/Excluded Member Code                           |
| Verified:  |  |
| Citizen/Alien  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alien Reg #:   |  |
| Disabled   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FS Work Code or Date Registered                              | FS Non-HH/Excluded Member Code                           |
| Verified:  |  |
| Citizen/Alien  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alien Reg #:   |  |
| Disabled   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FS Work Code or Date Registered                              | FS Non-HH/Excluded Member Code                           |
| Verified:  |  |
| Citizen/Alien  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alien Reg #:   |  |
| Disabled   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FS Work Code or Date Registered                              | FS Non-HH/Excluded Member Code                           |
| Verified:  |  |
| Citizen/Alien  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alien Reg #:   |  |
| Disabled   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Non-Household/Excluded Member Codes (63-402)**

- |   |   |
|---|---|
| 1. Separate household(.12, .13)<br>(Purchase/prepare) | 6. Boarder (.3)(must be listed in 7)    |
| 2. Separate household(.15)<br>(Elderly/disabled)      | 7. SSN disqualified(.222)               |
| 3. Roomer(.211)(must be listed in 7)                  | 8. IPV disqualified (.223)              |
| 4. Live-in attendant(.212)                            | 9. Welfare sanctioned(.224)             |
| 5. Ineligible alien(.221)                             | 10. SSI/SSP recipient(.225)             |
|   | 11. Ineligible student(.226)            |
|   | 12. Work requirement disqualified(.227) |

**Work Codes (63-407.1, .2)**

- |                                   |   |
|-----------------------------------|---|
| A Under 16/60 or older            | C. Cares for child under 6 or incapacitated |
| D. Disabled                       | U. UIB registered                           |
| E. Employable; must work register | R. Participant in drug/alcohol program      |
| G. GAIN registered                | W. Works 30 hour work week                  |
|                                   | S. Student                                  |

| E NAME (FIRST MIDDLE LAST)  |  |  |  | CITIZEN/ALIEN STATUS CHECK (✓)   |  | COUNTY USE ONLY   |                                |
|---|--|--|--|--|--|---|--------------------------------|
| SOCIAL SECURITY NUMBER  |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F                                     |  | RELATIONSHIP TO HEAD OF HOUSEHOLD  |  | FS Work Code or Date Registered   | FS Non-HH/Excluded Member Code |
| BIRTHPLACE (CITY/STATE/COUNTRY)   |  | BIRTHDATE  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | Verified:<br>Citizen/Alien <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  | Alien Reg #: <input type="checkbox"/> Yes <input type="checkbox"/> No               |                                |
|   |  |  |  |  |  | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No                   |                                |
| F NAME (FIRST MIDDLE LAST)  |  |  |  | CITIZEN/ALIEN STATUS CHECK (✓)   |  | COUNTY USE ONLY   |                                |
| SOCIAL SECURITY NUMBER  |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F                                     |  | RELATIONSHIP TO HEAD OF HOUSEHOLD  |  | FS Work Code or Date Registered   | FS Non-HH/Excluded Member Code |
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| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  | Alien Reg #: <input type="checkbox"/> Yes <input type="checkbox"/> No               |                                |
|   |  |  |  |  |  | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No                   |                                |
| G NAME (FIRST MIDDLE LAST)  |  |  |  | CITIZEN/ALIEN STATUS CHECK (✓)   |  | COUNTY USE ONLY   |                                |
| SOCIAL SECURITY NUMBER  |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F                                     |  | RELATIONSHIP TO HEAD OF HOUSEHOLD  |  | FS Work Code or Date Registered   | FS Non-HH/Excluded Member Code |
| BIRTHPLACE (CITY/STATE/COUNTRY)   |  | BIRTHDATE  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | Verified:<br>Citizen/Alien <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  | Alien Reg #: <input type="checkbox"/> Yes <input type="checkbox"/> No               |                                |
|   |  |  |  |  |  | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No                   |                                |
| H NAME (FIRST MIDDLE LAST)  |  |  |  | CITIZEN/ALIEN STATUS CHECK (✓)   |  | COUNTY USE ONLY   |                                |
| SOCIAL SECURITY NUMBER  |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F                                     |  | RELATIONSHIP TO HEAD OF HOUSEHOLD  |  | FS Work Code or Date Registered   | FS Non-HH/Excluded Member Code |
| BIRTHPLACE (CITY/STATE/COUNTRY)   |  | BIRTHDATE  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | Verified:<br>Citizen/Alien <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  | Alien Reg #: <input type="checkbox"/> Yes <input type="checkbox"/> No               |                                |
|   |  |  |  |  |  | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No                   |                                |
| I NAME (FIRST MIDDLE LAST)  |  |  |  | CITIZEN/ALIEN STATUS CHECK (✓)   |  | COUNTY USE ONLY   |                                |
| SOCIAL SECURITY NUMBER  |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F                                     |  | RELATIONSHIP TO HEAD OF HOUSEHOLD  |  | FS Work Code or Date Registered   | FS Non-HH/Excluded Member Code |
| BIRTHPLACE (CITY/STATE/COUNTRY)   |  | BIRTHDATE  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | Verified:<br>Citizen/Alien <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  | Alien Reg #: <input type="checkbox"/> Yes <input type="checkbox"/> No               |                                |
|   |  |  |  |  |  | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No                   |                                |
| J NAME (FIRST MIDDLE LAST)  |  |  |  | CITIZEN/ALIEN STATUS CHECK (✓)   |  | COUNTY USE ONLY   |                                |
| SOCIAL SECURITY NUMBER  |  | SEX CHECK (✓)<br><input type="checkbox"/> M <input type="checkbox"/> F                                     |  | RELATIONSHIP TO HEAD OF HOUSEHOLD  |  | FS Work Code or Date Registered   | FS Non-HH/Excluded Member Code |
| BIRTHPLACE (CITY/STATE/COUNTRY)   |  | BIRTHDATE  |  | BLIND OR DISABLED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | Verified:<br>Citizen/Alien <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| BUYS FOOD OR FIXES MEALS WITH YOU?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  | 60 OR OLDER, UNABLE TO BUY FOOD AND FIX MEALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |  |  | Alien Reg #: <input type="checkbox"/> Yes <input type="checkbox"/> No               |                                |
|   |  |  |  |  |  | Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No                   |                                |
| <b>2 A. Is anyone living in the home a foster child?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", who:                                    |  |  |  |  |  |   |                                |
| <b>B. Do you want the foster child(ren) and foster care income counted on the Food Stamp case?</b> <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>            |  |  |  |  |  |   |                                |
| <b>3 Has anyone ever been discontinued from Food Stamps due to non-cooperation for any reason, including a quality control review; or because of work or training sanctions? If "YES", explain below:</b> |  |  |  |  |  |   |                                |
| WHO: _____ WHEN: _____ WHAT COUNTY/STATE: _____   |  |  |  |  |  |   |                                |

|  |   |  |  |                          |  |  |                  |                       |  |  |           |
|--|---|--|--|--------------------------|--|--|------------------|-----------------------|--|--|-----------|
| <b>4</b> Has anyone been disqualified from the Food Stamp Program for 6 months, 12 months, or permanently because of an intentional Program Violation(s)? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", explain below:  |   |  |  |                          | <b>COUNTY USE ONLY</b>   |  |                  |                       |  |  |           |
| WHO  | WHY   | WHEN   | HOW LONG?  | WHAT COUNTY/STATE        |  |  |                  |                       |  |  |           |
| <b>5</b> Does anyone get food from any program such as Meals on Wheels, a food distribution program operated by an Indian Reservation, communal dining facility for the elderly or disabled or any other program? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", explain below:                      |   |  |  |                          | Separate household requested:<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |                  |                       |  |  |           |
| WHO  | NAME OF PROGRAM   | WHO  | NAME OF PROGRAM  |                          |  |  |                  |                       |  |  |           |
| <b>6</b> Does anyone live in a homeless shelter, shelter for battered women, federally subsidized housing for the elderly, drug or alcoholic rehabilitation center, group living arrangement for the blind/disabled, prison, hospital? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", explain below: |   |  |  |                          | FS Eligible Institution<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |  |                  |                       |  |  |           |
| WHO  | NAME OF CENTER, SHELTER, ETC.   |  |  |                          |  |  |                  |                       |  |  |           |
| <b>7 A.</b> Does anyone pay you for meals and/or a room? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", explain below:   |   |  |  |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Household Elects</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">ROOMER</td> </tr> <tr> <td style="text-align: center;">Boarder</td> <td style="text-align: center;">HH Member</td> </tr> </table> |  | Household Elects |                       | ROOMER   | Boarder  | HH Member |
| Household Elects   |   | ROOMER   |  |                          |  |  |                  |                       |  |  |           |
| Boarder  | HH Member   |  |  |                          |  |  |                  |                       |  |  |           |
| NAME   | CHECK (✓)<br><input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both | HOW MUCH<br>\$   | HOW OFTEN  | NO. OF MEALS PER DAY     |  |  |                  |                       |  |  |           |
| <b>B.</b> Do you pay anyone for meals and/or a room? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", explain below:   |   |  |  |                          | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Boarder</td> <td style="text-align: center;">HH Member</td> <td style="text-align: center;">ROOMER</td> </tr> </table>  |  | Boarder          | HH Member             | ROOMER   |  |           |
| Boarder  | HH Member   | ROOMER   |  |                          |  |  |                  |                       |  |  |           |
| NAME   | CHECK (✓)<br><input type="checkbox"/> Meals <input type="checkbox"/> Room <input type="checkbox"/> Both | HOW MUCH<br>\$   | HOW OFTEN  | NO. OF MEALS PER DAY     |  |  |                  |                       |  |  |           |
| <b>8</b> Is anyone 18 years of age or older enrolled in school, college or a training program? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", explain below:   |   |  |  |                          | FS Eligible student<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>Verified:   |  |                  |                       |  |  |           |
| NAME   | AGE   | NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED   | ENROLLED (✓)<br><input type="checkbox"/> FULL-TIME<br><input type="checkbox"/> HALF TIME<br><input type="checkbox"/> OTHER | UNITS/HOURS PER WEEK<br> | WORKING?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO  |  |                  |                       |  |  |           |
| NAME   | AGE   | NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED   | ENROLLED (✓)<br><input type="checkbox"/> FULL-TIME<br><input type="checkbox"/> HALF TIME<br><input type="checkbox"/> OTHER | UNITS/HOURS PER WEEK<br> | WORKING?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO  | FS Eligible student<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>Verified: |                  |                       |  |  |           |
| <b>9</b> Is anyone currently working or expecting to work in the next two months? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", explain below:<br>(NOTE: If self-employed, list and explain costs on a separate sheet of paper and attach to this form.)  |   |  |  |                          | Earnings & Expenses  |  |                  |                       |  |  |           |
| NAME OF PERSON   | OCCUPATION  | SELF-EMPLOYED?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO  | EMPLOYER NAME  |                          |  |  |                  |                       |  |  |           |
| DAYS/HOURS WORKED PER MONTH  | PAY DATE(S)   | WAGES BEFORE DEDUCTIONS<br>\$ _____ per _____  | TIPS OR COMMISSIONS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                          |  |  |                  |                       |  |  |           |
|  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Exempt Income</td> <td style="text-align: center;">Self-employed farmer?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> |  |                          |  |  | Exempt Income    | Self-employed farmer? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| Exempt Income  | Self-employed farmer?   |  |  |                          |  |  |                  |                       |  |  |           |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |                          |  |  |                  |                       |  |  |           |
| NAME OF PERSON   | OCCUPATION  | SELF-EMPLOYED?<br><input type="checkbox"/> YES<br><input type="checkbox"/> NO  | EMPLOYER NAME  |                          |  |  |                  |                       |  |  |           |
| DAYS/HOURS WORKED PER MONTH  | PAY DATE(S)   | WAGES BEFORE DEDUCTIONS<br>\$ _____ per _____  | TIPS OR COMMISSIONS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                          |  |  |                  |                       |  |  |           |
|  |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Exempt Income</td> <td style="text-align: center;">Self-employed farmer?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> |  |                          |  |  | Exempt Income    | Self-employed farmer? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |           |
| Exempt Income  | Self-employed farmer?   |  |  |                          |  |  |                  |                       |  |  |           |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |                          |  |  |                  |                       |  |  |           |
| <b>10</b> Is anyone on strike? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span><br>If "YES", explain below:   |   |  |  |                          | Striker Regs Apply<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  |                  |                       |  |  |           |
| NAME OF STRIKER  | NAME OF UNION   | NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM  |  | DATE WENT ON STRIKE      |  |  |                  |                       |  |  |           |



|   |      |                                       |                          |  |  |   |                          |  |
|---|------|---------------------------------------|--------------------------|--|--|---|--------------------------|--|
| <b>11</b> Has anyone stopped work or training or refused a job or training in the last 60 days?<br>If "YES", explain below:   |      |                                       |                          |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |   | <b>COUNTY USE ONLY</b>   |  |
| NAME OF PERSON  |      | NAME AND ADDRESS OF EMPLOYER/TRAINING |                          | REASON FOR LEAVING                                 |  | CHECKS OR BENEFITS EXPECTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF "YES", HOW MUCH BEFORE DEDUCTIONS<br>\$          |                          |  |
| HOURS OF WORK/TRAINING  |      | LAST DAY OF WORK/TRAINING             |                          | DATE LAST PAYCHECK RECEIVED:                       |  | Voluntary Quit? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Good Cause <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |
| NAME OF PERSON  |      | NAME AND ADDRESS OF EMPLOYER/TRAINING |                          | REASON FOR LEAVING                                 |  | CHECKS OR BENEFITS EXPECTED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>IF "YES", HOW MUCH BEFORE DEDUCTIONS<br>\$          |                          |  |
| HOURS OF WORK/TRAINING  |      | LAST DAY OF WORK/TRAINING             |                          | DATE LAST PAYCHECK RECEIVED                        |  | Voluntary Quit? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Good Cause <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |  |
| <b>12</b> Does anyone, including children, get or expect to get money from any source listed below?<br>Check (✓) YES or NO for each item.   |      |                                       |                          |  |  |   |                          |  |
| • Training  |      | YES                                   | NO                       | • Strike benefits                                  |  | YES   | NO                       |  |
| - Work Study, JTPA, GAIN, or other program  |      | <input type="checkbox"/>              | <input type="checkbox"/> | • Veterans Administration                          |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| - Other training allowance  |      | <input type="checkbox"/>              | <input type="checkbox"/> | - Disability                                       |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| • Educational grants, loans and scholarships  |      | <input type="checkbox"/>              | <input type="checkbox"/> | - GI Bill  |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| • Cash Assistance   |      |                                       |                          | • Military allotment or pension                    |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| - AFDC  |      | <input type="checkbox"/>              | <input type="checkbox"/> | • Railroad Retirement Board                        |  |   |                          |  |
| - Refugee Assistance  |      | <input type="checkbox"/>              | <input type="checkbox"/> | - Disability                                       |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| - GA/GR (General Assistance/Relief)   |      | <input type="checkbox"/>              | <input type="checkbox"/> | - Retirement                                       |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| • State Benefits  |      |                                       |                          | • Other federal, state, or local government agency |  |   |                          |  |
| - UIB (Unemployment Insurance)  |      | <input type="checkbox"/>              | <input type="checkbox"/> | - Disability                                       |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| - DIB/SDI (State Disability)  |      | <input type="checkbox"/>              | <input type="checkbox"/> | - Retirement                                       |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| • Worker's Compensation   |      | <input type="checkbox"/>              | <input type="checkbox"/> | • Other pension or disability                      |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| • Child/Spousal support   |      | <input type="checkbox"/>              | <input type="checkbox"/> | • Loans, gifts, contributions                      |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| • Social Security Administration  |      |                                       |                          | • Income from rental property                      |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| - SSI   |      | <input type="checkbox"/>              | <input type="checkbox"/> | • Winnings (bingo, lottery, prizes, etc.)          |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| - Other disability  |      | <input type="checkbox"/>              | <input type="checkbox"/> | • Other (Explain)                                  |  | <input type="checkbox"/>  | <input type="checkbox"/> |  |
| - Retirement or survivors benefits  |      | <input type="checkbox"/>              | <input type="checkbox"/> |  |  |   |                          |  |
| If "YES", complete below.   |      |                                       |                          |  |  |   |                          |  |
| WHO   | WHAT | AMOUNT (BEFORE DEDUCTIONS, IF ANY)    |                          | WHEN   | HOW OFTEN  |   |                          |  |
|   |      | \$                                    |                          |  |  |   |                          |  |
|   |      | \$                                    |                          |  |  |   |                          |  |
| <b>13</b> A. Does anyone have child care costs to go to work, to school or training or to look for a job?<br>If "YES", complete below:  |      |                                       |                          |  |  |   |                          |  |
| WHO   |      | WHO PROVIDES CARE                     | WHO PAYS                 | HOW MUCH   | HOW OFTEN  |   |                          |  |
|   |      |                                       |                          | \$   |  |   |                          |  |
| WHY CARE IS NEEDED:   |      |                                       |                          |  |  |   |                          |  |
| B. Does anyone have costs for care of a dependent adult or other dependent due to age, illness or disability to go to work, to school or training, or to look for a job?<br>If "YES", complete below: |      |                                       |                          |  |  |   |                          |  |
| NAME OF CHILD/ADULT   |      | WHO PROVIDES CARE                     | WHO PAYS                 | HOW MUCH   | HOW OFTEN  |   |                          |  |
|   |      |                                       |                          | \$   |  |   |                          |  |
| WHY CARE IS NEEDED:   |      |                                       |                          |  |  |   |                          |  |
| C. Is anyone reimbursed for child care costs?<br>If "YES", complete below:  |      |                                       |                          |  |  |   |                          |  |
| NAME  |      | AMOUNT                                | DATE                     | HOW OFTEN  | WHO PAYS   |   |                          |  |
|   |      |                                       |                          |  |  |   |                          |  |

14 Does anyone own or is anyone buying real estate, such as land and/or buildings, anywhere (in or outside the United States)? ☐ YES ☐ NO

List mobile homes and houseboats if you live in them.  
If "YES", complete below. Include all land/buildings you own, have title to, or share title in.

| TYPE (LAND, HOUSE, APARTMENT, ETC.) | ADDRESS OR LOCATION | USE (HOME, RENTAL, ETC.) | OWNER(S) | ESTIMATED VALUE | AMOUNT OWED |
|-------------------------------------|---------------------|--------------------------|----------|-----------------|-------------|
|                                     |                     |                          |          | \$              | \$          |
|                                     |                     |                          |          | \$              | \$          |

COUNTY USE ONLY

Home exempt ☐ Yes ☐ No

Rental Exempt ☐ Yes ☐ No

Other Real Property

Market Value \$

Amount Owed \$

Net Value \$

15 A. Does anyone, including children, have any of the resources listed below? ☐ YES ☐ NO

If "YES", complete below. Include all resources owned, used, controlled, shared or held jointly with or for another person(s).  
The county will figure if these resources count.

Check (✓) YES or NO for each item. Do not include the home you are living in, household goods, or personal items (books, clothes, etc.).

B. Have any of these resources been closed in the last 3 yrs? ☐ YES ☐ NO

|  | YES                      | NO                       |  | YES                      | NO                       |
|--|--------------------------|--------------------------|--|--------------------------|--------------------------|
| - Cash (on hand or elsewhere)  | <input type="checkbox"/> | <input type="checkbox"/> | - Notes, mortgages, deeds of trust, sales contracts (payable to you) | <input type="checkbox"/> | <input type="checkbox"/> |
| - Checking account   | <input type="checkbox"/> | <input type="checkbox"/> | - Retirement Funds (you can get if you stop work)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| - Savings account/credit union account                               | <input type="checkbox"/> | <input type="checkbox"/> | - IRA or Keogh Plans, etc.   | <input type="checkbox"/> | <input type="checkbox"/> |
| - Trust funds  | <input type="checkbox"/> | <input type="checkbox"/> | - Employee deferred compensation                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| - Stocks, bonds certificates of deposit, money market accounts, etc. | <input type="checkbox"/> | <input type="checkbox"/> | - Other (Explain)  | <input type="checkbox"/> | <input type="checkbox"/> |
| - Oil, mining, or mineral rights                                     | <input type="checkbox"/> | <input type="checkbox"/> |  |                          |                          |

☐ Resource Verified:  
Explain how:

Total Value = \$

If "YES", complete below.

| TYPE OF RESOURCE | OWNER | CURRENT VALUE | AMOUNT OWED (IF ANY) | NAME AND ADDRESS OF BANK, ETC. | ACCOUNT NUMBER |
|------------------|-------|---------------|----------------------|--------------------------------|----------------|
|                  |       | \$            | \$                   |                                |                |
|                  |       | \$            | \$                   |                                |                |
|                  |       | \$            | \$                   |                                |                |
|                  |       | \$            | \$                   |                                |                |

(✓) if exempt

C. Does anyone get income from any of these resources? ☐ YES ☐ NO

If "YES", complete below.

| WHO | FROM WHAT RESOURCE | HOW MUCH | HOW OFTEN |
|-----|--------------------|----------|-----------|
|     |                    | \$       |           |
|     |                    | \$       |           |

16 Does anyone own any cars, trucks, boats, trailers, vans, campers, motorcycles or other vehicles? ☐ YES ☐ NO

If "YES", COMPLETE THE FOLLOWING FOR EACH VEHICLE:  
Look at your registration to find the information for each vehicle you own.

| Vehicles                | Vehicle (1)   | Vehicle (2)   | Vehicle (3)   |
|-------------------------|---|---|---|
| Vehicle Owner           |   |   |   |
| Year/Class              |   |   |   |
| Make and Model          |   |   |   |
| Estimated Value         |   |   |   |
| Amount Owed             |   |   |   |
| Licensed (✓ box)        | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| How do you use the car? | <input type="checkbox"/> Home <input type="checkbox"/> General Use <input type="checkbox"/> Transportation to work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> General Use <input type="checkbox"/> Transportation to work <input type="checkbox"/> Other | <input type="checkbox"/> Home <input type="checkbox"/> General Use <input type="checkbox"/> Transportation to work <input type="checkbox"/> Other |

Vehicle value  
(Enter Date of blue book issue or other documentation)

(1) Date: \$

(2) Date: \$

(3) Date: \$

Total Resources

\$

Resource

Eligible: ☐ Yes ☐ No

Car Usage:

COUNTY USE ONLY - VEHICLES

| A Excluded Vehicle:<br>Is vehicle a home, income producing or used for a disabled household member? | VEHICLE (1)  |  | VEHICLE (2)  |  | VEHICLE (3)  |  | B Values ( ) ( ) ( ) |  |  |
|---|--|--|--|--|--|--|----------------------|--|--|
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | FMV                  |  |  |
| Under \$4500?   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | Minus \$4500         |  |  |
| Exempt from equity test? For H.H. use? Work, seek work, school, training?                           | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | Excess Value         |  |  |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | FMV                  |  |  |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | Minus \$4500         |  |  |
|   |  |  |  |  |  |  | Excess Value         |  |  |

If exempt and under \$4500 STOP here; do not go to B

- 17 Has anyone sold, spent, or given away any real or personal property in the last 3 months such as a house, land, cars, bank accounts, money from a legal or accident insurance settlement, or anything else? ☐ YES ☐ NO  
If "YES", explain what and when:

COUNTY USE ONLY

- 18 Does anyone get any of the items listed below free or in exchange for work? ☐ YES ☐ NO  
If "YES", explain below:

| ITEM RECEIVED   | WHO GETS THE ITEM | VALUE | WHO GIVES THE ITEM |
|---|-------------------|-------|--------------------|
| A. Housing or rent <input type="checkbox"/> Free<br><input type="checkbox"/> Exchange |                   | \$    |                    |
| B. Utilities <input type="checkbox"/> Free<br><input type="checkbox"/> Exchange       |                   | \$    |                    |
| C. Food <input type="checkbox"/> Free<br><input type="checkbox"/> Exchange            |                   | \$    |                    |

- 19 A. Does anyone have any of the following housing costs? Check (✓) YES or NO for each item.

|  | YES                      | NO                       | HOW MUCH | HOW OFTEN BILLED |
|--|--------------------------|--------------------------|----------|------------------|
| Rent                                     | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| House (mortgage) payment                 | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Property taxes (if not in house payment) | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Insurance (if not in house payment)      | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Other (explain)                          | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |

- B. Does anyone else pay all or part of these housing costs? ☐ YES ☐ NO

If YES, complete below:

| WHO | WHAT | HOW MUCH | HOW OFTEN BILLED |
|-----|------|----------|------------------|
|     |      | \$       |                  |

Total housing verified?

☐ YES ☐ NO

Total housing \$

Shared housing

☐ YES ☐ NO

- 20 A. Does anyone have costs apart from your rent for any of the following utilities? Check (✓) YES or NO for each item.

|  | YES                      | NO                       | HOW MUCH | HOW OFTEN BILLED |
|--|--------------------------|--------------------------|----------|------------------|
| Gas or electricity (for heating or cooling)                | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Propane, oil, wood, or other fuel (for heating or cooling) | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Gas, electricity, or other fuel (for cooking)              | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Water  | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Sewage   | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Garbage or trash   | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Telephone (basic rate)                                     | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Installation of utilities                                  | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |
| Other (explain)  | <input type="checkbox"/> | <input type="checkbox"/> | \$       |                  |

- B. Does anyone else pay all or part of these utility costs? ☐ YES ☐ NO

If YES, complete below:

| WHO | WHAT | HOW MUCH | HOW OFTEN BILLED |
|-----|------|----------|------------------|
|     |      | \$       |                  |

Utilities verified?

☐ YES ☐ NO

Total Utilities \$

Client elects:

☐ Actual ☐ SUA

SUA prorated:

☐ YES ☐ NO

(21) You can authorize someone other than you or a household member to pick up your Food Stamp, if you would like to authorize someone, complete below.

|                                   |         |                  |                 |
|-----------------------------------|---------|------------------|-----------------|
| NAME OF AUTHORIZED REPRESENTATIVE | ADDRESS | TELEPHONE NUMBER | COUNTY USE ONLY |
|-----------------------------------|---------|------------------|-----------------|

### CERTIFICATION

- I understand the questions on this form.
- I understand that any facts I have given, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and employment agencies, etc.
- I understand the county will send information to the Immigration and Naturalization Service (INS) for verification of alien status.
- I understand the information the county gets from INS may affect my eligibility for Food Stamps.
- I understand that all information, including benefit and income facts, that I have given on this form are subject to investigation and review by county, state, and federal personnel, and that if I give wrong facts my Food Stamps may be denied or discontinued.
- I understand the penalties, including the specific disqualification penalties for Food Stamps, for giving wrong or incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for Food Stamps.
- I understand that the Food Stamp household, any adult member of a Food Stamp household (even if they move out), the sponsor of an alien household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

|  |      |
|--|------|
| SIGNATURE (ADULT HOUSEHOLD MEMBER AUTHORIZED REPRESENTATIVE) | DATE |
| WITNESS, IF YOU SIGNED WITH AN "X"                           | DATE |

### COUNTY USE ONLY

| REGULATION MET?                             | YES | NO |
|---|-----|----|
| Residency                                   |     |    |
| Citizen/Alien Status                        |     |    |
| Student regs                                |     |    |
| SSN   |     |    |
| Property-Within limits & verified/amount \$ |     |    |
| Work registration                           |     |    |
| Sponsored alien                             |     |    |

| REGULATION MET?  |  |
|--|--|
| Categorically Eligible   | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA |
| Gross Income Test<br>Household Size<br>Gross Monthly Income \$       |  |
| Gross Income Eligible  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA |
| Separate HH Income Test<br>Household Size<br>Gross Monthly Income \$ | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| Eligible for Separate HH Status                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO                             |
| Aged/Disabled  | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA |
| DFA 285-C  | <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why?                 |

|  |                    |
|--|--------------------|
| FFS: HH Size                                 |                    |
| <input type="checkbox"/> INELIGIBLE (REASON) |                    |
| <input type="checkbox"/> ELIGIBLE            | CERTIFICATION DATE |
| <input type="checkbox"/> RECERTIFICATION     |                    |
|  |                    |
| ELIGIBILITY WORKER'S SIGNATURE               | DATE               |
| SUPERVISOR'S SIGNATURE                       | DATE               |